FROM-Fenwick & West Mountain View

## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

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To:  Commissioner for I P.O. Box 1450 Alexandria, VA 223	313-1450	bove identified paten	t application. The clien	t has bee	n duly notified	
of this request for withdraw	as attorney or agent for the at al and provided with all paper	a and broberty to min	Oil div Silving		1	
The second for this reques	st are:				l	
The client knowingly and fro	eely assents to termination of	the employment.			ŀ	
1. The corresponde	nce address is NOT affected	by this withdrawal.				
2. 🖾 Change the corre	espondence address and dire	ct all future correspo	ndence to:			
Firm <i>or</i> Individual Name	Philips IP&S-US					
Address	1109 McKay Drive, MS SJ 41					
Address		Canto	CA	Zip	95131	
City	San Jose	State	10/1			
Country	USA	<del></del>	(408) 474-9082			
Telephone	(408) 434-3000	Fax	(400) 417-3002			
all the attorneys	gents (with registration mana- gents associated with Custom signed this request and on wh	ers) listed on the atta- ner Number 758 nose behalf I am auth	ched paper(s), or orized to sign. The req	uest is en	closed in	
Name	Laura A. Majerus	11-				
Signature	Laura /	Laura Mag.				
Date	August 26, 2004					
NOTE: Withdrawal is en Unless there are at least period for response or p	ffective when approved rathe at 30 days between approval o possible extension period, the	r than when received of withdrawal and the property to withdraw	expiration date of a time is normally disapproved	ie d.		